NONPROVISIONAL PAFENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 111723 OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320 Date: January 17, 2002 ©Telephone: (703) 836-6400 ⊂Facsimile: (703) 836-2787 BOX PATENT APPLICATION NONPROVISIONAL APPLICATION TRANSMITTAL Customer Number: 25944 **RULE §1.53(b)** Director of the U.S. Patent and Trademark Office Washington, D.C. 20231 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): **IMAGING METHOD** John Victor LAMONT, Robert Ivan McCONNELL, Stephen Peter FITZGERALD By (Inventors): Formal drawings (Figs. 1-8; 8 sheets) are attached. ☐ Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. \boxtimes This patent application is assigned to RANDOX LABORATORIES LTD. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. ______, filed ______.
Priority of foreign application No. 0102357.1 filed January 30, 2001 in Great Britain is claimed (35 U.S.C. §119). ľĢ A certified copy of the above corresponding foreign application(s) is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A SMALL ENTITY SMALL ENTITY FOR: NO. FILED NO. EXTRA **RATE** FEE OR **RATE** FEE BASIC FEE \$ 370 740 OR TOTAL CLAIMS 16 - 20 0* 9 = \$ 18 OR х

* If the difference is less than zero, enter "0".

MULTIPLE DEPENDENT CLAIMS PRESENTED

1 - 3

RATE FEE

\$ 370

x 9 = \$

x 42 = \$

+ 140 = \$

TOTAL \$

effling fee is attached. Exce

OR

OR

OR

RATE FEE

\$ 740

x 18 \$ --
x 84 \$ --
+ 280 \$ --
TOTAL \$ 740

Check No. 126963 in the amount of \$740.00 to cover the filing fee is attached. Except as otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

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Respectfully submitted,

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INDEP CLAIMS

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